PART B - FEE(S) TRANSMITTAL



and sendthis form, together with applicable fee(s), to: Mail

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FIRST NAMED INVEN

Florian Lang

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20995

01 FC:1501 02 FC:1504

03 FU: 800 PPLICATION NO.

10/687,523

04/11/2006 MAHMED2 00000050 10687523

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01/09/2006

1400.00 OP

10/15/2003

300.00 OP FILING BATE UP

KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR **IRVINE, CA 92614**

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Marina L./	(Depositor's name		
(4	y/	(Signature	
April 4, 2	d 9 6	(Date	
TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	WWELL73 007AUS	5237	

TITLE OF INVENTION: CLCKB MUTATION AS A DIAGNOSTIC AND THERAPEUTICAL TARGET

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	04/10/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
CARLSON, KAREN C		1653		435-006000			
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Eberhard-Karl	_{s-Universitaet}	Correspondence ation form e of a Customer E PRINTED ON T clow, no assigned of this form is NOI (B Tuebingen	(1) the na or agents (2) the na registered 2 registered listed, no THE PATEN data will app a substitute (1) RESIDENC UNIVEL	pear on the patent. If an assign for filing an assignment. CE: (CITY and STATE OR CO csitaetsklinikum	a member a less of up to no name is 3	rmany	
Please check the appropriate 4a. The following fee(s) are	e assignee category or category		nted on the p		orporation or other private g	group entity Government	
Issue Fee	enciosed.		·	in the amount of the fee(s) is er	nclosed.		
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # o			The Dir Deposit Acc	ector is hereby authorized by count Number 11-1410	harge the required fee(s), o	r credit any overpayment, to copy of this form).	
a. Applicant claims S	(from status indicated above MALL ENTITY status. See is requested to apply the Iss vublication Fee (if required) ords of the United States Pate	37 CFR 1.27.		cant is no longer claiming SMA ny) or to re-apply any previous e other than the applicant; a reg			
Authorized Signature	Marina I7 Go	rdey		Date A	oril 4, 2006 No. 52,950		
an application Confidential	on is required by 37 CFR 1.3	. 122 and 37 CFR	11 is required	to obtain or retain a benefit by llection is estimated to take 12	minutes to complete, includ	ing gathering, preparing, and	

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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ISSUE FEE TRANSMITTAL LETTER

Applicant

Lang et al.

App. No

10/687,523

Filed

October 15, 2003

For

CLCKB MUTATION AS A

DIAGNOSTIC AND

THERAPEUTICAL TARGET

Art Unit

1653

Class/Sub-Class

435-006000

Examiner

Karen C. Carlson

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

April 4, 2006

Marina L. Gordey, Reg. No. 52,950

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Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
- (X) A check in the amount of \$1,730 is enclosed for the following fees:
 - (X) \$1,400 Issue Fee
 - (X) \$300 Publication Fee
 - (X) \$30 Advance Order of 10 Copies
- (X) Return prepaid postcard.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.

Marina L. Gordey

Registration No. 52,950

Agent of Record

Customer No. 20,995

(805) 547-5580